STATEMENT OF

FORM 1		ORGANIZ	ZATION	O	AR 21 AM 10: 00
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	MALL CENTER
RMF-NCF	2013	Committee			
ADDRESS (number a	nd street)	228 S. Washington Street	· · · · · · · · · · · · · · · · · · ·		
(Check if address is changed)		#115 Alexandria		VA 223	314
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one kdavis@hdafec.con			
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)			
(Check if is change					
2. DATE 0	M / D 20	2013			
3. FEC IDENTIFIC	CATION NU	JMBER Control of the state of t	องการกระบบคระบบครั้งและ ระบบคระบบครั้งและ ระบบคระบบครั้งและ การกระบบครั้งและ การกระบบครั้งและ การกระบบครั้งและ 		
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A))	
I certify that I have of			est of my knowledge and belie	of it is true, correct and	d complete.
Signature of Treasure	er 🥖	Kert 1/1.	Llevi	Date 03	20 2013
NOTE: Submission of			on may subject the person signin		penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Communication Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)

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FEC	Form	1	(Revised	02/2009)
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	F	EC For	n 1 (Revised 02/2009)	Page 2		
	TYPE OF COMMITTEE					
	Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate		
	Name Candi					
	Candid Party	date Affiliatio	Office Sought: House Senate President	State Constitution of the state Constitution		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Party	y Com	mittee:			
	(d)	And A		Democratic, epublican, etc.) Party.		
	Polit	ical Ac	tion Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:		
		GGEER	Corporation Corporation w/o Capital Stock	Labor Organization		
			BISHED CHIRAL CONTROL	-		
			Name of the state	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party		
			In addition, this committee is a Lobbyist/Registrarit PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor an line 6.)			
•	Joint	Fund	aising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
		Comr	nittees Participating in Joint Fundraiser			
		1.	NEXT CENTURY FUND FEC ID number C C003	13947		
		2.	REPUBLICAN MAJORITY FUND FEC ID number C C0029	96640		
		3.	FEC ID number C			
		4.				

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٧	Vrite or Type Committee Name		
	RMF-NCE 2013	3 Committee	
6.	Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp	onsor
N	ONE	<u> </u>	<u> </u>
	Mailing Address		
		CITY STATE ZIP CODE	
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PA	C Sponsor
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in possession of	committee
	Keith A. Da	avis	
	Full Name	,228 S. Washington Street	لسد
	Mailing Address		
		#115	لــــــا
		Alexandria VA 22314 -	لــــــــــــــــــــــــــــــــــــــ
	Title or Position	CITY STATE ZIP CODE	
	Treasurer	Telephone number 703 - 549	7705
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the treasurer of the committee (phone number optional) of the commit	dress of
	Full Name Keith A. Da of Treasurer	avis	لـــــا
	Mailing Address	228 S. Washington Street	
		#115 	
		Alexandria VA 22314	
	Title or Position	CITY STATE ZIP CODE	
_	Assistant Treasurer	Telephone number 703 - 549	7705
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DATE PREPARED

(3/2005)